



PLACER COUNTY IN-HOME SUPPORTIVE SERVICES
PUBLIC AUTHORITY
11512 B AVENUE, AUBURN, CA 95603
(530) 886-3680

Revised 7/07

Independent Provider (IP) Profile
(PLEASE COMPLETE IN INK)

First Name:		
Middle Initial:		
Last Name:		
Home Phone:		
Cell Phone:		
Message Phone:		
Address:		
City:	State:	Zip:
Emergency Contact Name/Relationship:		
Emergency Contact Phone Number:		
Social Security Number:		
Date of Birth:		
<input type="checkbox"/> Male <input type="checkbox"/> Female		
Drivers License Number:		Expiration Date:
California ID Number:		Expiration Date:
Proof of Auto Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No		

Days and Hours of Availability (Check all that apply)

Mornings:	<input type="checkbox"/> Select All	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Afternoons:	<input type="checkbox"/> Select All	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Evenings:	<input type="checkbox"/> Select All	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Number of hours per week you would like to work?								

Give short-term respite?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Client preference?	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Either
Form of transportation?	<input type="checkbox"/> Bus <input type="checkbox"/> Car	Drive client car?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Read/Write English?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will you work?	<input type="checkbox"/> Holidays <input type="checkbox"/> Overnight <input type="checkbox"/> On-call <input type="checkbox"/> 1-2 hrs
Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will you work for a consumer with pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you work for a smoker?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Geographic Preference

<input type="checkbox"/> Alpine Meadows	<input type="checkbox"/> Cisco Grove	<input type="checkbox"/> Granite Bay	<input type="checkbox"/> Moorpark	<input type="checkbox"/> Roseville
<input type="checkbox"/> Alta	<input type="checkbox"/> Clipper Gap	<input type="checkbox"/> Homewood	<input type="checkbox"/> Newcastle	<input type="checkbox"/> Sheridan
<input type="checkbox"/> Applegate	<input type="checkbox"/> Colfax	<input type="checkbox"/> Iowa Hill	<input type="checkbox"/> Norden	<input type="checkbox"/> Squaw Valley
<input type="checkbox"/> Auburn	<input type="checkbox"/> Dutch Flat	<input type="checkbox"/> Kings Beach	<input type="checkbox"/> Northstar	<input type="checkbox"/> Tahoe City
<input type="checkbox"/> Baxter	<input type="checkbox"/> Elverta	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Olympic Valley	<input type="checkbox"/> Tahoma
<input type="checkbox"/> Blue Canyon	<input type="checkbox"/> Emigrant Gap	<input type="checkbox"/> Loomis	<input type="checkbox"/> Ophir	<input type="checkbox"/> Weimar
<input type="checkbox"/> Bowman	<input type="checkbox"/> Foresthill	<input type="checkbox"/> Meadow Vista	<input type="checkbox"/> Penryn	
<input type="checkbox"/> Carnelian Bay	<input type="checkbox"/> Gold Run	<input type="checkbox"/> Michigan Bluff	<input type="checkbox"/> Rocklin	

Type of Work Desired

<input type="checkbox"/> Domestic Services	<input type="checkbox"/> Menstrual Care
<input type="checkbox"/> Preparation of Meals	<input type="checkbox"/> Ambulation
<input type="checkbox"/> Meal Clean Up	<input type="checkbox"/> Moving In/Out of Bed
<input type="checkbox"/> Routine Laundry	<input type="checkbox"/> Bathing, Oral Hygiene, Grooming
<input type="checkbox"/> Shopping for Food	<input type="checkbox"/> Rubbing Skin - Repositioning
<input type="checkbox"/> Other Shopping & Errands	<input type="checkbox"/> Care & Assistance with Prosthesis **
<input type="checkbox"/> Heavy Cleaning	<input type="checkbox"/> Accompaniment to Medical Appointments
<input type="checkbox"/> Respiration	<input type="checkbox"/> Accompaniment to Alt. Resources
<input type="checkbox"/> Bowel & Bladder Care	<input type="checkbox"/> Protective Supervision
<input type="checkbox"/> Feeding	<input type="checkbox"/> Paramedical Services
<input type="checkbox"/> Routine Bed Baths	<input type="checkbox"/> Hoyer Lift
<input type="checkbox"/> Dressing	<input type="checkbox"/> Slide Board

**** A prosthesis is anything other than the consumer's natural body, e.g. eyeglasses, dentures, cane, etc.**

Willing to Work With

<input type="checkbox"/> Children	<input type="checkbox"/> Elderly	<input type="checkbox"/> Terminally Ill
<input type="checkbox"/> Consumers Using Oxygen	<input type="checkbox"/> Memory Problems	<input type="checkbox"/> Women
<input type="checkbox"/> Developmentally Disabled	<input type="checkbox"/> Men	

Your Ethnicity (Optional)

<input type="checkbox"/> African American	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Native American
<input type="checkbox"/> Asian	<input type="checkbox"/> Latino	<input type="checkbox"/> Other

Language(s) Spoken

<input type="checkbox"/> American Sign	<input type="checkbox"/> English	<input type="checkbox"/> Japanese	<input type="checkbox"/> Russian
<input type="checkbox"/> Arabic	<input type="checkbox"/> Farsi	<input type="checkbox"/> Korean	<input type="checkbox"/> Spanish
<input type="checkbox"/> Cantonese	<input type="checkbox"/> French	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Tagalog
<input type="checkbox"/> Chinese	<input type="checkbox"/> Italian	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Vietnamese

Have you ever been convicted of a felony or misdemeanor charge? ☐ Yes ☐ No

If “yes”, please list below all convictions since your 18th birthday.

Offense Date	Place of Conviction	Sentence	Release Date
Other facts you would like considered:			

Do you give the Registry permission to conduct a background check, including a criminal record check? ☐ Yes ☐ No

You will need to schedule a live scan fingerprint clearance appointment before your application can be processed. *(By answering “Yes” to this question, you are authorizing us to send your name and telephone number to our Livescan Facility. Livescans must be scheduled within 30 days. A “no” answer to this question will automatically exclude you from acceptance to the Registry.)*

List any training you have had related to In-Home care:

Certificates or Licenses you possess:

<input type="checkbox"/> First Aid	Expires:
<input type="checkbox"/> CPR	Expires:
<input type="checkbox"/> C.N.A.	Expires:
<input type="checkbox"/> CHHA	Expires:
<input type="checkbox"/> Other	Expires:
<input type="checkbox"/> Other	Expires:
<input type="checkbox"/> Other	Expires:

Have you had previous experience providing In-Home care? Yes ☐ No ☐

Have you graduated high school or passed the high school equivalency test? Yes ☐ No ☐

THE FOLLOWING SECTION MUST BE COMPLETED EVEN IF ATTACHING A RESUME.

Work References – Begin with most recent job (Minimum of 2 – Please DO NOT use relatives):

FROM	TO	JOB TITLE:		EMPLOYER:
TOTAL: YR.	MO.	CONTACT PERSON & PHONE NUMBER:		ADDRESS:
		HOURS PER WEEK:	REASON FOR LEAVING:	
DUTIES:				

FROM	TO	JOB TITLE:		EMPLOYER:
TOTAL: YR.	MO.	CONTACT PERSON & PHONE NUMBER:		ADDRESS:
		HOURS PER WEEK:	REASON FOR LEAVING:	
DUTIES:				

FROM	TO	JOB TITLE:		EMPLOYER:
TOTAL: YR.	MO.	CONTACT PERSON & PHONE NUMBER:		ADDRESS:
		HOURS PER WEEK:	REASON FOR LEAVING:	
DUTIES:				

Personal References (Minimum of 1 – Please DO NOT use relatives):

NAME:	PHONE NUMBER	YEARS ACQUAINTED:
	RELATIONSHIP:	ADDRESS:

NAME:	PHONE NUMBER	YEARS ACQUAINTED
	RELATIONSHIP	ADDRESS:

I authorize the Public Authority to verify any information contained in this application. ☐ Yes ☐ No
(A “no” answer to this question will automatically exclude you from acceptance to the Registry.)

I hereby certify that all statements made in connection with this application are complete and true to the best of my knowledge.

Signature of Applicant

Date

**Placer County
IHSS Public Authority Registry**

**IHSS Provider Applicant
Release Of Information Consent Form**

I _____ give permission for the Placer County IHSS Public Authority to obtain information regarding my prior work history. I understand this release of information is valid for 90 days from the date indicated below.

Signature

Date